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County: Marshall
 Permit #: _____
 Driller: James W Mason
 Date drilling completed: 12-21-04

Well Driller Report and Well Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: H-179
 L. S. Elevation: _____
 E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

| Well Owner Information | Well Location |
|--------------------------------------------|-----------------------------------------------------------------------|
| Owner Name: <u>Wheeler construction</u> | Latitude: <u>34° 48' 34.5"</u> Longitude: <u>089° 43' 30.1"</u> |
| Mailing Address: <u>72 crosscreek cove</u> | Method of Lat/Long (circle one): <u>Conventional Survey</u> |
| <u>LOT 93 Cooper farms</u> | USGS quad, <u>(Hand-held GPS)</u> , Survey-grade GPS |
| <u>Byhalia MS 38611</u> | <u>NE</u> 1/4 <u>SW</u> 1/4 Sec <u>22</u> Twn <u>3S</u> Rng <u>5W</u> |
| City State Zip Code | NW Distance Direction Nearest Town |
| Telephone No. <u>(601) 409-6447</u> | <u>3</u> Miles <u>NW</u> of <u>Watson</u> |

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 12-21-04 Date well drilling completed: 12-21-04

If flowing, method of flow regulation: Valve NA Other (describe) _____

Static Water Level: 90 feet above or below (circle one) land surface Date measured: 12-21-04

Method of Measurement (circle one) steel tape electric tape air line other: String weight

Hole depth: 155' Well depth: 155' Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 145' feet Casing diameter: 4 inches Type of casing: pvc

Screen length: 10 feet Screen diameter: 4 inches Type of screen: pvc

Screen slot size: .010 inches Setting depth: From 145' feet to 155' feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: NA feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable) No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____
 I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

James W Mason 0620 _____
 Print Name of Water Well Contractor and License No. Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

JAN 13 2005
 BY: OLV

log mailed 1/13/05

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

County: Marshall
 Permit #: _____
 Driller: Jones W. Mason
 Date completed: 12-21-04

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: H-179
 Elevation: _____

This report must be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump. A copy of Part 1 of this report must be attached to this report.

| Well Owner Information | Well Location |
|--------------------------------------------|-----------------------------------------------------------------------|
| Owner Name: <u>Wheeler Construction</u> | Latitude: <u>34-48-395</u> Longitude: <u>089-43-30</u> |
| Mailing Address: <u>72 crosscreek cove</u> | Method of Lat/Long (circle one): Conventional Survey, |
| <u>LOT 93 cooper farms</u> | USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS |
| <u>Byhalia</u> MS <u>38611</u> | <u>NE</u> 1/4 <u>Sw</u> 1/4 Sec <u>22</u> Twn <u>35</u> Rng <u>5w</u> |
| City State Zip Code | Distance Direction Nearest Town |
| Telephone No. <u>(901) 409-6447</u> | <u>3</u> Miles <u>nw</u> of <u>Watson</u> |

| Pump Type Circle one | Power Type Circle one |
|---------------------------------------------------|-------------------------------------------|
| Air Lift Jet <u>Submersible</u> | Diesel Engine Gasoline Engine Natural Gas |
| Bucket Piston Turbine | <u>Electric Motor</u> Hand Tractor PTO |
| Centrifugal Rotary Flowing Well | Windmill Other (specify): _____ |
| Other (specify): _____ | Horse Power Rating of Motor: <u>3/4</u> |
| Date Pump Installed: <u>12-21-04</u> | Setting Depth: <u>120'</u> feet |
| Rated Pump Capacity: <u>12</u> Gallons Per Minute | Number of Stages: <u>11</u> |

| Pump Test Data | Method of Measuring Water Level Circle one |
|------------------------------------------------------------|---------------------------------------------------------|
| Date Well Tested: <u>12-21-04</u> | Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>90'</u> Feet Below Land Surface | Other (specify): <u>string weight</u> |
| Pumping Water Level (B): <u>NA</u> Feet Below Land Surface | For flowing well, measured shut in head: <u>NA</u> feet |
| Drawdown [(B) - (A)]: <u>NA</u> Feet Below Land Surface | Well yielded <u>12</u> GPM with a drawdown of |
| Test Pumping Rate: <u>12</u> Gallons Per Minute | <u>NA</u> feet after <u>24</u> hours of pumping |
| Duration of Pump Test (minimum 4 hours): <u>24</u> hours | |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Jones W. Mason _____
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

MISSISSIPPI
 DEPARTMENT OF ENVIRONMENTAL QUALITY
 OFFICE OF LAND AND WATER RESOURCES